

A CASE PRESENTING RIGHT-SIDED HEMIPLEGIA WITH
HEMIANESTHESIA. RIGHT HOMONYMOUS HEMI-
ANOPSIA. JARGON APHASIA, WERNICKE'S PUPIL-
LARY REACTION SIGN AND NEURITIC PAIN IN THE
ARM OF THE PARALYZED SIDE.

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The following case deserves to be placed on record because
of the association of an unusual number of interesting symp-
toms:

A. H.; female; white; married; aged 62; a native of Ger-
many and by occupation a washerwoman, was admitted to the
Philadelphia Hospital, September 25, 1897.

It was learned that she had lost the use of her right side
two weeks before admission, and that previous to this time she
had always been a strong, hard-working woman. The right
arm was completely palsied and flaccid. There was also loss of
power in the right leg, although a slight degree of motion was
observed at times. She was a large, muscular woman with
skin and mucous membranes of good color. It was at once
noted that she could not understand what was said, and that
she could not make herself in any way understood. The pu-
pils were equal and small; the pulse was of good strength and
regular. In addition to the palsy of the right arm, the lower
half of the right side of the face was also slightly palsied.
Both knee-jerks were plus, as were also both biceps-jerks.
Her tongue was heavily coated and her teeth covered with
sordes. She was able to swallow without difficulty. There
was no heart lesion save an accentuated second sound.

September 29—She was examined, and the following
note was made: A typical right-sided hemiplegia was
present. On attempting to move the arm a slight resistance
to full extension was met with at the elbow. The paralysis of
the arm was complete. The fingers were in a position of
semiflexion. The paralysis of the right leg was also com-
plete; the leg was flaccid, no resistance whatever to move-
ments being met with. There was a slight drooping of the
right angle of the mouth, but facial palsy was not pronounced.
The tongue was protruded in the median line. Elbow-jerk and
biceps-jerk were present and equal in both arms; not
accentuated. A feeble knee-jerk was elicited in the right leg;
in the left leg the knee-jerk was normal. On testing the patient
for sensory loss no response was made to vigorous pin-pricks

over the right leg, right arm, right side of face and right side of trunk. The sensory loss was everywhere limited by the median line of the body. By carefully testing the patient, a right sided homonymous hemianopsia was also readily demonstrated. The pupils were equal, reacted to light and were rather small. The movements of the eyeballs, as far as they could be determined, were normal. A complete palsy of both sphincters was present. The patient was markedly aphasic, her vocabulary being almost entirely limited to yes and no. When asked her name, she repeated indistinctly her family name, Harenberg. She was unable to recall her first name, Augusta, but when Augusta was pronounced she at once recognized it. Tested with regard to taste she betrayed no sense of discomfort or look of intelligent recognition when tincture of nux vomica or other bitter medicines were applied to the right side of the tongue. When they were applied to the left side of the tongue she at once showed by her manner—by spitting and shaking her head—that she tasted the bitter substances. Similarly she gave no sign of recognition of any sensory impression when ammonia, valerian or other substances were held to the right nostril, though she appeared to recognize the presence of these bodies when they were held to the left nostril. Similarly she paid no attention when a loud ticking watch was held to the right ear, but at once opened her eyes, nodded her head and looked pleased when the watch was placed to her left ear.

For some time following this examination the patient's symptoms appeared to become more pronounced. The paralysis seemed to deepen and it also became more difficult to communicate with her. Examinations also seemed to fatigue her more readily than formerly. About one month after admission she seemed at times to recognize a decided tactile impression upon the right side, but sensory loss was still marked. She also manifested some return of power in the right leg. It was noticed also in testing the sensation of the right arm that pressure or handling of the arm gave rise to pain.

About October 28 patient developed great pain in the arm, and the nerve trunks in the right arm were everywhere excessively painful to pressure; especially was this true of the brachial plexus, and it was necessary to put the arm upon a splint. For a time the pain increased in severity and during the height of the attack the right hand became livid and edematous. In the course of a month the pain gradually subsided.

The patient having somewhat improved, she was gotten

out of bed and a systematic attempt was made to study her speech defect. It was found that she could understand very little what was said to her. In these tests her own language, German, was employed. She was able to recognize her own name. When asked to protrude her tongue or close her eyes she would comply after some hesitation; when asked to hold out her left hand she would at times comply and at times fail. By constant repetition a slight degree of re-education gradually took place, for instance she understood what was meant when she was told to close her hand and make a fist. She could not, however, distinguish between such words as "finger" and "thumb;" and again while she recognized the word "nose," she did not recognize such equally simple words as "chin" or "ear." She recognized the words "Germany" and "France" and when told she was French, shook her head in the negative. When asked whether she was from Germany, nodded her head and looked pleased. She frequently repeated the last word of the question that was asked her and frequently attempted a prolonged reply, the reply consisting of a series of *unintelligible but well articulated syllables*. Indeed this was the most frequent result on attempting to communicate with her. She evidently did not understand what was said to her; for instance, when asked where she was born, she pointed to her right arm and evidently attempted to enter into an explanation regarding her symptoms, stringing together a long list of unintelligible syllables. When asked to read her own name, the latter being written plainly in large German script, she failed to recognize it, but pointed with her finger at the paper and said, "Letters, letters." When told that the letters which spell Augusta stand for France, she nodded her head in the affirmative. Indeed she might be told that the letters meant anything and she seemed always to accept the statement. When asked to write her name, she held the pencil in her left hand and made an illegible and meaningless scrawl. Again when sentences likewise written in plain German script were held before her, she was utterly unable to interpret them. For instance she was asked in writing, "Are you from France?" She simply stared at the paper and manifested no response. If, however, she was asked in spoken words, "Are you from France?" she shook her head in the negative. She appeared to recognize that the paper contained writing, but that was all.

Her condition has undergone no appreciable change of late. It is the same as that noted at previous examinations. The hemianesthesia upon the paralyzed side, while less pronounced than in the beginning, is still readily demonstrated. It has changed very slightly within the past year. The loss of power

in the right arm and right leg is still very pronounced, the knee-jerks are both exaggerated and there is marked rigidity of the right leg. Paralysis of the sphincters persists. The apasia has changed very slightly, if at all. There is no optic neuritis.

Recently she was examined by Dr. Charles A. Oliver, who confirmed the existence of a right-sided hemianopsia and also demonstrated the presence of Wernicke's hemipupillary inaction sign.

The presence of the latter symptom is of great interest. In keeping with the profound hemiplegia (from which there has been no recovery) and with the persistent hemianesthesia, hemianopsia and sensory aphasia, this symptom indicates a most extensive lesion—one involving the entire posterior limb of the internal capsule, adjacent structures, such as the thalamus and radiations of Gratiolet and probably a large portion of the substance of the left hemisphere as far as the cortex. The lesion, judging from the history of the case, was doubtless vascular, though whether hemorrhage or embolism, it is difficult to say.

Regarding the neuritis which developed in the right arm no inference can be drawn. It is a rare sequel of hemiplegia, but has been seen by the writer several times. No adequate explanation has ever been advanced as to its origin.

25. EPILEPSIE RETROPULSIVE (Retropulsive Epilepsy). M. Lannois (Lyon médical, No. 30, 1899).

The author calls attention to a rare manifestation of epilepsy, *i. e.*, the tendency to walk backwards before or during an epileptic attack.

The first case was that of a gardener, who had a large number of epileptic attacks, in many of which he retained consciousness, and in all of which he walked backwards ten or twelve steps. There were no grand convulsive seizures. The second case was in a tuberculous patient, who, before the convulsion occurred, would walk backwards three steps and then fall, either forwards or backwards. The autopsy revealed no cerebral lesion.

The third and most interesting case is that of a woman *act.* 46. She had convulsions in infancy, followed by a right external strabismus. The convulsions and various automatic movements began at 17. She has daily convulsions. Very often she has peculiar attacks in which she becomes pale, rises from a sitting posture and walks backwards until she comes to an obstacle, when she begins to take her clothes off. If interrupted in this procedure she becomes angry and utters piercing cries. There are no convulsive movements of the limbs, but some twitchings of the facial, jaw and eye muscles, and frothing at the mouth. The attack lasts usually from five to fifteen minutes. She remembers nothing of the attack.

McCarthy.